



**APPLICATION FOR REGISTRATION AS AN  
ACADEMIC INTERN**

FOR VALIDATION ONLY

*Please type or print clearly in dark ink*

APPLICANT'S NAME		DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DAYTIME TELEPHONE NO. (    )
ADDRESS*		CITY	STATE	ZIP	COUNTY
SOCIAL SECURITY NO.	LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN				
NAME OF FUNERAL SERVICE EDUCATION SCHOOL ATTENDED					
NAME OF FUNERAL ESTABLISHMENT WHERE INTERNSHIP WILL BE SERVED					
ADDRESS		CITY	STATE	ZIP	

\* If you are concerned about public access to this information, you may use a mailing or business address.

**Note:** The funeral director and embalmer professions are regulated under RCW 18.39. For each "Yes" response below, please attach a letter of explanation, certified copies of records and orders from the agencies concerned, decisions and statements of charges, final orders, court records or filings or convictions, and all other related documentation.

1. Within the past ten years, have you been convicted of a crime, misdemeanor or felony in this state, or any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
2. Excluding traffic citations, within the past ten years, have you been found guilty in a criminal, civil, administrative agency, professional association or certifying agency disciplinary action, or have you agreed to a stipulation or settlement resulting from a disciplinary action? ☐ YES ☐ NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
4. Do you presently have a criminal complaint or indictment pending against you in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO

**ATTESTATION**

I, the undersigned, certify that I am the person referred to in this application for registration as an academic intern in Washington. I hereby authorize all institutions or organizations, employers (*past and present*), business and professional associates (*past and present*), and all government agencies (*local, state, federal, or foreign*) to release to the Board of Funeral Directors and Embalmers any information, files or records requested by the board in connection with the processing of this application.

I have read RCW 18.235.130, and I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. **Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my registration to practice as an academic intern in Washington State.**

DATE AND PLACE SIGNED

**X**

APPLICANT'S SIGNATURE

**If application information is incomplete, the application will not be processed.**

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS  
SUBJECT TO THE PUBLIC DISCLOSURE PROVISIONS OF RCW 42.17.**

## **APPLICATION INSTRUCTIONS FOR REGISTRATION AS AN ACADEMIC INTERN**

The application must be completed and filed with the Department of Licensing at the beginning of your Academic Internship.

- “Academic Intern” refers to any student enrolled in an accredited college funeral service education program who is serving a three-month internship at a participating Washington State funeral establishment, as required for graduation from the funeral service education program.
- Academic Interns must serve internships in accordance with the guidelines established by the funeral service education program.
- The Academic Internship cannot exceed a period of three months.
- No fee is required to become registered as an Academic Intern.

Mail your completed application to:

Department of Licensing  
Funeral and Cemetery Unit  
P.O. Box 9012  
Olympia, WA 98507-9012